

RECEIVED TU 00 JUN 2005

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/537768						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
4	/	/					54						
5	/	/					55						
6		/					56						
7	/	/					57						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓								
TOTAL DEP.	10	←		←		←							
TOTAL CLAIMS	12	[REDACTED]		[REDACTED]		[REDACTED]							